



Send completed forms to  
DOH Communicable  
Disease Epidemiology  
Fax: 206-418-5515

**LHJ Use** ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**LHJ Classification** ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

**DOH Use** ID \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOH Classification**  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

# Typhus, murine

County \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr

Amer

☐ White

☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_ °F

Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ **Generalized pains**

☐ ☐ ☐ ☐ **Rash**

☐ ☐ ☐ ☐ **Nausea**

☐ ☐ ☐ ☐ **Vomiting**

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Prostration

☐ ☐ ☐ ☐ **Rash observed by health care provider**

Rash distribution: \_\_\_\_\_

☐ Generalized ☐ Localized ☐ Centrifugal

☐ Maculopapular ☐ Petechial

☐ Other: \_\_\_\_\_

### Laboratory

P = Positive O = Other, unknown  
N = Negative NT = Not Tested  
I = Indeterminate

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

P N I O NT

☐ ☐ ☐ ☐ ☐ **Typhus IgM or IgG elevated [Probable case]**

☐ ☐ ☐ ☐ ☐ **Typhus PCR (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **Typhus antibodies with 4-fold rise (serum pair, at same lab)**

☐ ☐ ☐ ☐ ☐ **Typhus immunohistochemical stain (tissue)**

## NOTES

**INFECTION TIMELINE**

Enter onset date (first sx)  
in heavy box. Count  
backward to determine  
probable exposure period

Days from  
onset:

**Exposure period**

-14

-7

o  
n  
s  
e  
t

Calendar dates:

**EXPOSURE (Refer to dates above)**

**Y N DK NA**

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or  
outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Insect or tick bite

☐ Deer fly ☐ Flea ☐ Mosquito ☐ Tick

☐ Louse ☐ Other: \_\_\_\_\_ ☐ Unk

Location of insect or tick exposure

☐ WA county ☐ Other state ☐ Other country

☐ Multiple exposures ☐ Unk

Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Slept in places with evidence of rodents (e.g.  
animals, nest, excreta)

**Y N DK NA**

☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure  
Where rodent exposure probably occurred:

☐ ☐ ☐ ☐ Cleaned wild rodent nests or excreta

☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn  
mowing, gardening, hunting, hiking, camping,  
sports, yard work)

☐ ☐ ☐ ☐ Exposure to squirrel infested building

☐ ☐ ☐ ☐ Exposure to pets

Cat or kitten ☐ Y ☐ N ☐ DK ☐ NA

Dog or puppy ☐ Y ☐ N ☐ DK ☐ NA

Other: \_\_\_\_\_

Pet free-roaming? ☐ Y ☐ N ☐ DK ☐ NA

Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Wildlife or wild animal exposure

Specify: \_\_\_\_\_

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PATIENT PROPHYLAXIS/TREATMENT**

**Y N DK NA**

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: \_\_\_\_\_

Date antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ # days antibiotic actually taken: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

**Y N DK NA**

☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

☐ Education on pest control

☐ Rodent

☐ Flea

☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_